

Case Number:	CM15-0112908		
Date Assigned:	06/19/2015	Date of Injury:	10/27/1997
Decision Date:	08/24/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/11/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The 63 year old male injured worker suffered an industrial injury on 10/27/1997. The diagnoses included failed back syndrome, lumbar fusion, failed and removal of spinal cord stimulator and lumbar radiculitis. The injured worker had been treated with surgery, medications, and epidural steroid injections. On 12/9/2014 the treating provider reported a severe exacerbation of low back pain. On exam there was lumbar muscle tenderness and spasms with very restricted and painful range of motion. The treatment plan included MRI of the spine, transforaminal epidural injection, Soma and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRI.

Decision rationale: The patient was injured on 10/27/97 and presents with lumbar spine pain. The request is for a MRI of the spine. The RFA is dated 05/13/15 and the patient is permanent and stationary as of the 12/09/14 report. The report with the request is not provided. The utilization review denial letter states that the patient had a prior MRI of the lumbar spine on 07/24/13 which revealed status post spinal fusion L4 through S1, with partial bony fusion at these levels, and degenerative disc disease with bilateral facet DJD with L3-L4 resulting in mild left neural foraminal narrowing. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study". ODG Guidelines on low back chapter MRI topics states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit". The reason for the request is not provided. There is paravertebral tenderness, spasm, and a restricted range of motion with pain. The patient is diagnosed with failed back syndrome and lumbar radiculitis. Treatment to date includes surgery, medications, and epidural steroid injections. Review of the reports provided does not mention if the patient had a recent surgery or any recent therapy. Although the treater would like an updated MRI of the lumbar spine, there are no new injuries, no significant change on examination findings, no bowel/bladder symptoms, or new location of symptoms to warrant an updated MRI. Therefore, the requested repeat MRI of the lumbar spine is not medically necessary.

Bilateral L4-5 and L5-S1 lumbar transforaminal epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient was injured on 10/27/97 and presents with lumbar spine pain. The request is for a Bilateral L4-5 and L5-S1 Lumbar Transforaminal Epidural Injection. The RFA is dated 05/13/15 and the patient is permanent and stationary as of the 12/09/14 report. The report with the request is not provided. The 07/24/13 MRI of the lumbar spine revealed status post spinal fusion L4 through S1, with partial bony fusion at these levels, and degenerative disc disease with bilateral facet DJD with L3-L4 resulting in mild left neural foraminal narrowing. The utilization review denial letter states that the patient had his "last epidural steroid injection nearly 2 years ago which relieved pain by 60% with lasting relief for several months". In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The reason

for the request is not provided. There is paravertebral tenderness, spasm, and a restricted range of motion with pain. The patient is diagnosed with failed back syndrome and lumbar radiculitis. Treatment to date includes surgery, medications, and epidural steroid injections. It appears that the patient had a prior ESI of the lumbar spine with 60% pain relief. MTUS Guidelines require "at least 50% pain relief with associated reduction of medication use for six to eight weeks". In this case, there is no indication of any medication reduction the patient had. Due to lack of documentation of medication reduction from the prior lumbar ESI, the requested lumbar spine epidural steroid injection is not medically necessary.

Norco 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89, 80.

Decision rationale: The patient was injured on 10/27/97 and presents with lumbar spine pain. The request is for Norco 10 mg. The RFA is dated 05/13/15 and the patient is permanent and stationary as of the 12/09/14 report. The report with the request is not provided nor does any of the reports provided mention Norco. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." MTUS page 98 also continues to state that the maximum dose of hydrocodone is 60 mg per day. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." None of the reports provided mention Norco. There is paravertebral tenderness, spasm, and a restricted range of motion with pain. The patient is diagnosed with failed back syndrome and lumbar radiculitis. Treatment to date includes surgery, medications, and epidural steroid injections. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided with the intake of Norco. There are no examples of ADLs which demonstrate medication efficacy from Norco, nor are there any discussions provided on adverse behavior/side effects of Norco. No validated instruments are used either. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco is not medically necessary.

Soma (unknown amount): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants; Carisoprodol (Soma) Page(s): 63-66.

Decision rationale: The patient was injured on 10/27/97 and presents with lumbar spine pain. The request is for Soma (Unknown Amount). The RFA is dated 05/13/15 and the patient is permanent and stationary as of the 12/09/14 report. The report with the request is not provided nor does any of the reports provided mention Soma. MTUS Guidelines pages 63-66, "Carisoprodol (Soma): Neither of these formulations is recommended for longer than a 2- to 3-week period". This has been noted for sedated and relaxant effects. There is paravertebral tenderness, spasm, and a restricted range of motion with pain. The patient is diagnosed with failed back syndrome and lumbar radiculitis. Treatment to date includes surgery, medications, and epidural steroid injections. MTUS recommends the requested Soma for no more than 2 to 3 weeks. In this case, it is unknown when the patient began taking this medication or the quantity requested, which may exceed the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Soma is not medically necessary.